

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584291

FILING DATE

4/23/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/					
4	/					
5						
6						
7	4					
8	5					
9	5					
10	5					
11	5					
12	4					
13	6					
14	4					
15	4					
16	4					
17	4					
18	4					
19	4		1			
20	6					
21	4					
22	6					
23	5					
24	6					
25	6					
26	5					
27	5					
28	6					
29	6					
30	6					
31	5					
32	6					
33	6					
34	5					
35	5					
36	5					
37	6					
38	6					
39	6					
40	6					
41	6					
42	6					
43	6					
44	6					
45	6					
46	6					
47	6					
48	6					
49	6					
50	6					
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	5					
54	5					
55	5					
56	5					
57	6					
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						